



WVSU Foundation
US
Tax ID

Date : 09-06-17
Time 09:48 AM
Room 9109
Conf No 14302769

PAYMENT RECEIPT

Date	Description	Amount
09-06-17	Visa XXXXXXXXXX [REDACTED] XX/XX	-199.00USD

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, or company fails to pay for any part or the full amount of these charges. Please leave your room key at the reception upon departure. Thank you.

Robinson, Myisha Credit Applied 9/6/17